

QUARTERLY STATEMENT

AS OF March 31, 2006

OF THE CONDITION AND AFFAIRS OF THE

Volunteer State Health Plan, Inc.

NAIC Group Code	0000	0000	NAIC Company Code	Employer's ID Number	62-1656610
	(Current Period)	(Prior Period)			
Organized under the Laws of	Tennessee	State of Domicile or Port of Entry	Tennessee		
Country of Domicile	United States of America				
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]	Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]	Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]		
Incorporated/Organized	07/11/1996	Commenced Business	11/01/1996		
Statutory Home Office	801 Pine Street	Chattanooga, TN 37402			
	(Street and Number)	(City, or Town, State and Zip Code)			
Main Administrative Office	801 Pine Street	Chattanooga, TN 37402	(423)535-5600		
	(Street and Number)	(City, or Town, State and Zip Code)	(Area Code) (Telephone Number)		
Mail Address	801 Pine Street	Chattanooga, TN 37402			
	(Street and Number or P.O. Box)	(City, or Town, State and Zip Code)			
Primary Location of Books and Records	801 Pine Street	Chattanooga, TN 37402	(423)535-5600		
	(Street and Number)	(City, or Town, State and Zip Code)	(Area Code) (Telephone Number)		
Internet Website Address	www.bcbst.com				
Statutory Statement Contact	Dana Elaine Hull	(423)535-7919			
	(Name)	(Area Code)(Telephone Number)(Extension)			
	Dana_Hull@BCBST.com	(423)535-8331			
	(E-Mail Address)	(Fax Number)			
Policyowner Relations Contact	801 Pine Street	Chattanooga, TN 37402	(423)535-5600		
	(Street and Number)	(City, or Town, State and Zip Code)	(Area Code) (Telephone Number)(Extension)		

OFFICERS

Name	Title
Vicky Brown Gregg	Chairman
Ronald Ellis Harr	President & CEO
Sonya Kay Nelson	Vice President, Medicaid Administration
Shelia Dian Clemons	Secretary
David Lee Deal	Treasurer & CFO
Harold Hoke Cantrell Jr.	Assistant Treasurer

OTHERS

DIRECTORS OR TRUSTEES

Ronald Ellis Harr  
David Lee Deal  
Steven Lee Coulter MD

Vicky Brown Gregg  
Joan Carol Harp

State of Tennessee

County of Hamilton ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

<div>Ronald Ellis Harr</div> <div>(Signature)</div> <div>Ronald Ellis Harr</div> <div>(Printed Name)</div> <div>President &amp; CEO</div> <div>(Title)</div>	<div>Shelia Dian Clemons</div> <div>(Signature)</div> <div>Shelia Dian Clemons</div> <div>(Printed Name)</div> <div>Secretary</div> <div>(Title)</div>	<div>David Lee Deal</div> <div>(Signature)</div> <div>David Lee Deal</div> <div>(Printed Name)</div> <div>Treasurer &amp; CFO</div> <div>(Title)</div>
--	--	--

Subscribed and sworn to before me this

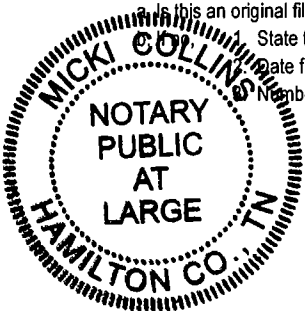
6th

day of July

, 2006

Micki Collins

(Notary Public Signature)



MY COMMISSION EXPIRES:

September 23, 2006

Is this an original filing?

State the amendment number

Date filed

Number of pages attached

Yes[ ] No[X]

1

07/07/2006

4

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
			NONE			
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)						

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
		NONE				
0799999 Gross health care receivables .....	.....	.....	.....	.....	.....	.....

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1  Name of Affiliate	2  1 - 30 Days	3  31 - 60 Days	4  61 - 90 Days	5  Over 90 Days	6  Nonadmitted	Admitted	
						7  Current	8  Non-Current
Individually listed receivables							
	N O N E						
0199999 Total - individually listed receivables .....	.....	.....	.....	.....	.....	.....	.....
0299999 Receivables not individually listed .....	.....	.....	.....	.....	.....	.....	.....
0399999 Total gross amounts receivable .....	.....	.....	.....	.....	.....	.....	.....